| | IAZARDOUS - | 1. Generator's | US EPA ID No. | Manifest Docume | nt No. | 2. Page 1 | Information in the shad is not required by Fede |
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| | NANIFEST | CIMOIO | 8 6 5 1 0 0 0 | 5 1 1 7 | $ 1 \Omega$ | of # | |
| 3. Generator's Name of Douglas Alectas | | 1.063/11.111 | Attn: Rob Tooli | | A. State | Manifest Document | OF 74 |
| 3055 Lexewood | | | | | B. State | Generator's ID | |
| 4. Generator's Phone (| | 267 or (310) 51 | | | No. | HAHA3 | 600398 |
| 5. Transporter 1 Comp | any Nome | | 6. US EPA ID Number | 현 명기를 가는 것이 되었다. 물리는 기업이 가는 기업 | | Transporter's ID | 046516 · |
| Lukhan Emkon | | | CIADIOIOIOIC |) | D. Transp | orter's Phone | (310) 518 |
| 7. Transporter 2 Comp | any Name | 341465 | 8. US ERA ID Number | | E. State | iranoporter's 10 | |
| el-La- | ac. IV | 1 <i>60</i> | 461413181818181818181818181818181818181818 | | | orter's Phone | 4.6.40 |
| 9. Designated Facility 1 | | ess | 10. US EPA ID Number | | G. State | Facility's IQ /Atj/) () Z ₁ | RUMANUS |
| Crosby and Ove 1880 West 16th t | | * | | | H. Facility | | |
| Long Beach, C | | | ICIADI0121814 | 4 0 9 0 1 9 | | | (310) 422 |
| 11. US DOT Description | (including Proper S | hipping Name, Hazar | d Class, and ID Number) | 12. Coi No. | ntainers Type | 13. Total Quantity | 14. Unit Wt/Vol. I. Weste N |
| a. | A Latina | | <u> - 100 - 100 100 100 100 100 100 100 100</u> | 100 | 1.5 | | State |
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| b BONGAI | iazai uous | waste liqui | | 9/1/2 | LIVI | 018121010 | State |
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| J. Additional Description | ADSTRUMENT REAL PROPERTY OF THE SERVICE OF THE SERV | d Above | | | s. Mandli o. | ng Codes for Was | b. |
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| | 27 A C. | and the Committee Co | | and the state of t | | | |
| 15. Special Handling Ins | | | and the control of th | | 2 Bear | OT COOR 4 | talät |
| 24 Hour emer | gency telep | hone numb | er (800) 424-93 | O (Chemin | 90). i.M | | |
| 24 Hour emer | gency telep | hone numb | er (800) 424-93 e Avenue, Torra | 00 (Chemtro ince, CA 90: | 02. | | |
| 24 Hour emer Site address: | gency teler 19503 Sout | ihone numb h Normandi | e Avenue, Toma | inos, CA 908 | 102. Peor | (to # | 4276 |
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FSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.

(Generators who submit hazardous waste for transport out-of-state, produce compléted copy of this copy and send to DTSC within 30 days.)

J. Additional Descriptions for Materials Listed Above t to, 4276. View quargo weder.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

24 Hour emergency telephone number (800) 424-9300 (Chemireo). DOT ERG# 11a)31 Site address: 19503 South Normandie Avenue, Torrance, CA 90502.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Day Year Month Joe R. Montova 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name Signature Month Day

DO NOT WRITE BELOW THIS LINE.

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Year

CALIFORNIA LAND DISPOSAL RESTRICTION NOTIFICATION

| GENI | erator name Douglas Alveralt | - Company |
|----------------------------|--|--|
| ***** The waste CCR, Title | ID# | 170 195717710 ********************************* |
| | TE IDENTIFICATION | ************************************** |
| | rnia Waste Numbers 134 | |
| Check | the appropriate boxes. | |
| 0 | Non-RCRA metal-containing aqueous waste identified in 22 CCR 66268,107(a). | |
| 0 | PCB waste identified in 22 CCR 66268.110. | |
| 0 | Non-RCRA metal containing solid waste identified in 22 66268.106(a) (3). Prohibition | officione date 1/1/95 |
| y _ | Non-RCRA aqueous and liquid waste containing any organic compound identified by EI 8270 identified in 22 CCR 66268.112. Prohibition effective date 1/1/95. | 日子 (a) [7] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2 |
| () | Non-RCRA solid waste containing any organic compound measured by Methods 8080, 66268.113. Prohibition effective date 1/1/95. | 8140, 8150, 8240 and/or 8270 identified in 22 CCR |
| () | Other Non-RCRA, California-regulated waste. | 10 de 10 Estado en 10 de 10 d |
| **** | ************* | ************ |
| HANI | DLING METHOD | |
| Check | the appropriate box. | |
| 5 | The waste identified above must be treated to meet the applicable standards in 22 CCR, I | Division 4.5, Chapter 18, Article 11. |
| () | The waste identified above meets the applicable treatment standard. "I certify under penalty of law that I personally have examined and am familiar with knowledge of the waste to support this certification that the waste complies with the 4. Chapter 30, Article 41. I believe that the information I submitted is true, accurate penalties for submitting a false certification, including the possibility of fine and im | the waste through analysis and testing orthrough treatment standards specified in CCR Title 22, Division e and complete. I am aware that thereare significant |
| () | The waste is subject to a variance. The expiration date of the variance is indicated above | |
| () | The Non-RCRA waste identified above is not currently restricted from land disposal. | |
| | **************** | ************ |
| GENE | RATOR CERTIFICATION | |
| I hereband ac | by certify that all information supplied above and on all curate to the best of my knowledge and that no omissi | ons or errors exist. |
| Signati | ure Title | Date u:lbandfor |
| | | |